

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

George Iakovou
50 West Street
Apartment 53B
New York, New York 10066



9590 9402 6631 1028 9037 80

2 Article Number (Transfer from another form)
7018 0680 0000 9472 7393**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 C9 ft24

Agent
 Addressee

B. Received by (Printed Name)

8B3

C. Date of Delivery

12-8-21

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

 Return Receipt

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt